



TTED STATES ) EXCHANGE COMMISSION ....ington, D.C. 20549

# FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL						
OMB Number: 3235-0076						
Expires: May 31, 2005						
Estimated average burden						
hours per response16.00						
SEC USE ONLY						
Prefix Serial						
1	1					

DATE RECEIVED

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Name of Offering ( check if this is an amendment and name has changed, a Class A Limited Partnership Interests	and indicate change.)
Filing Under (Check box(es) that apply):  Rule 504 Rule 505 Rule Type of Filing:  New Filing Amendment	le 506 Section 4(6) ULOE PROCESSED
A. BASIC IDENTIFICATION	DATA
1. Enter the information requested about the issuer	
Name of Issuer ( check if this is an amendment and name has changed, and Concordia Distressed Debt Fund I, L.P.	indicate change.) THOMSON FINANCIAL
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Concordia Distress Debt Management Corp., 1350 Avenue of the Americas, Suite 3202 New York, NY 10019	Telephone Number (Including Area Code) (212) 421-9303
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Same as executive offices	Telephone Number (Including Area Code)
Brief Description of Business - Invest in a diversified portfolio of securities or have recently emerged from distress, bankruptcy or liquidation.	of or related to issuers that are near or in,
Type of Business Organization    corporation   limited partnership, already formed   limited partnership, to be formed	other (please specify): Limited Liability Company
Actual or Estimated Date of Incorporation or Organization  Month  O 7  Jurisdiction of Incorporation or Organization: (Enter two letter U.S. Posta State: CN for Canada; FN	Year  0 3

### GENERAL INSTRUCTIONS:

## Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying upon ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

# ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

A. BASIC IDENTIFICATION DATA
<ul> <li>Enter the information requested for the following:</li> <li>Each promoter of the issuer, if the issuer has been organized within the past five years;</li> <li>Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% of more of a class of equity securities of the issue</li> </ul>
<ul> <li>Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and</li> <li>Each general and managing partner of partnership issuers.</li> </ul>
Check Box(es) that Apply: 🛛 Promoter 🔲 Beneficial Owner 🔲 Executive Officer 🔲 Director 🔯 General and/or Managing Partner/Managing Membe
Full Name (Last name first, if individual)
Concordia Distressed Debt Management Corp.
Business or Residence Address (Number and Street, City, State, Zip Code)
1350 Avenue of the Americas, Suite 3202, New York, NY 10019
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Williams, Basil C,
Business or Residence Address (Number and Street, City, State, Zip Code)
1350 Avenue of the Americas, Suite 3202, New York, NY 10019  Check Boyles) that Apply: Promoter   Repeticial Owner   Executive Officer   Director   General and/or Managing Partner
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Somerville, LLC
Business or Residence Address (Number and Street, City, State, Zip Code)
1919 Pennsylvania Ave., N.W. Suite 725, Washington, DC 20006
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer * Director* General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer* Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
Check Box(cs) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner
Full Name (Last name first, if individual)
Business or Residence Address (Number and Street, City, State, Zip Code)
(Use blank sheet, or copy and use additional copies of this sheet, as necessary)
/=== =::::::

				В	. INFORMA	TION ABO	UT OFFER	ING	<del></del>			
1. Has	the issuer sold wer also in Ap	, or does the i	issuer intend mn 2, if filing	to sell, to nor g under ULO	n-accredited in E.	vestors in th	nis offering?				Yes	No ⊠
	What is the minimum investment that will be accepted from any individual?* *may be waived by General Partner							·•	\$ <u>250,000.00</u> *			
3. Does	the offering	permit joint o	wnership of a	a single unit?							Yes ⊠	No
solic regis	itation of pur	chasers in co SEC and/or	nnection wit	h sales of se or states, list t	curities in the	offering. I	lf a person to	o be listed is	an associate	ed person or	agent of a l	emuneration for deal
Full Name	Last name f	irst, if individ	lual)									
Business o	or Residence A	Address (Num	iber and Stree	et, City, State	, Zip Code)							
Name of A	Associated Bro	oker or Dealer	r									
	Which Person All States" or					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	(ID)
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[ОН]	(OK)	[OR]	[PA]
[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full Name	(Last name f	irst, if individ	tual)									
Business	or Residence /	Address (Nun	ber and Stre	et, City, State	e, Zip Code)				-			
Name of A	Associated Bro	oker or Deale	г								•	
	Which Person										-	1 A 11 C+-+
,	All States" or o								(EL 1	(CA)		All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	(CT) [ME]	(DE) [MD]	(DC) [MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [MO]
(IL)	[IN]	[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[MT] [RI]	[NE] [SC]	[SD]	[TN]	[TX]	[UT]	(VT)	[VA]	[WA]	(WV]	[WI]	[WY]	[PR]
Full Name	e (Last name t	īrst, if individ	dual)		· · ·		<u> </u>					
Business	or Residence	Address (Nun	nber and Stre	et, City, State	e, Zip Code)	· · · · · ·						
					<del></del>			<del></del>			· · · · · · · · · · · · · · · · · · ·	
Name of	Associated Br	oker or Deale	r									
	Which Person All States" or o											All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)	[ID]
[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
IRI)	(SC)	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	(PR)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

I.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggre Offering		Amot	ınt Already Sold
	Debt	\$	0	s	(
	Equity	•	0	`—	
	□ Common □ Preferred	. <u>"</u>		<u> </u>	,
		•	•		,
	Convertible Securities (including warrants)	3	0	`	
	Partnership Interests (Class A)	\$ <u>1,000,0</u> 6		3	9,803,713
	Other (Membership Interests)	\$	0	\$	(
	Total	\$ <u>1,000,00</u>	0,000	s	9,803,713
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Nun Inves		Dolla	ggregate ar Amount Purchases
	Accredited Investors		22	\$	9,803,713
	Non-accredited Investors		0	\$	
	Total (for filings under Rule 504 only)				
	Answer also in Appendix, Column 4, if filing under ULOE.			·	
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.				
	Type of offering	Type Secu		Dolla	ar Amount Sold
	Rule 505	5000	,	¢	5010
	Regulation A				
			<u>.</u>	3	
	Rule 504		<del></del>	3	
	Total		<del> </del>	\$	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			s	(
	Printing and Engraving Costs			<b>S</b>	(
	Legal Fees		⊠	s	4,999
	Accounting Fees			\$	
	Engineering Fees				(
	Sales Commissions (specify finders' fees separately)			s	· · · · · · · · · · · · · · · · · · ·
	Other Expenses (identify) Tax Services		⊠	 s	29,435
			_		
	Total		M	\$	36,179

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

_	C OFFEDING	PRICE, NUMBER OF INVESTORS, EXPENSES AND L	ISE OF PR	OCEEDS		
-	b. Enter the difference between the aggrega and total expenses furnished in response to Paproceeds to the issuer."	, <u>, , , , , , , , , , , , , , , , , , </u>	<u> </u>	\$ <u>9</u>	99,963,821	
<b>i.</b>	each of the purposes shown. If the amount for	oss proceeds to the issuer used or proposed to be used for any purpose is not known, furnish an estimate and check tal of the payments listed must equal the adjusted gross Part C – Question 4.b above.				
			r	Payments to Officers, Directors, & Affiliates		ents To ners
	Salaries and fees		🗀 <b>\$_</b>	*	□ s	0
	Purchase of real estate		🗆 <b>s_</b>	0	□ <b>s</b>	0
	Purchase, rental or leasing and installati	on of machinery and equipment	🗆 s_	0	□ \$	0
		gs and facilities			□ s	0
	Acquisitions of other businesses (include offering that may be used in exchange f	ling the value of securities involved in this or the assets or securities of another issuer			□ s	0
	_					
	• •				□ <u>3</u>	
	• •				□ ³	
	Column Totals:			0 999,963,821	□ s □ s	<u> </u>
	Total Payments Listed (column totals at	dded)		. 🛭 \$ <u>999,963,8</u>	<u>21</u>	
		D. FEDERAL SIGNATURE		<del>-</del> ·		
an u	issuer has duly caused this notice to be signed undertaking by the issuer to furnish to the U.S. -accredited investor pursuant to paragraph (b)(3)	by the undersigned duly authorized person. If this notice is Securities and Exchange Commission, upon written request of Rule 502.	filed under of its staff, t	Rule 505, the fo he information f	llowing signature urnished by the is	constitutes
lssu	er (Print or Type)	Signature ///		Date		
Concordia Distressed Debt Fund 1, L.P.				December 20	, 2006	
Nar	ne of Signer (Print or Type)	Title of Signer (Print or Type)				
Bas	il C. Williams	President of the General Partner				
incl will for (the of t Mai	uding (without limitation) administration fees a be borne by the limited partners of the Issuer, their services, Concordia Advisors Bermuda Li "Management Fee") from the Issuer at the end be sum of all of the Issuer's capital attributanagement or Incentive Fees. An Investment Advisors will also recently.	the general administration and operation of the Issue and Cor and expenses and all accounting (and audit) and legal fees in directly or indirectly, in accordance with their pro rata owner d. and Concordia Advisors, L.L.C., (the "Investment Advisor d of each calendar month in an amount equal to one-sixth (1/ ible to the Interests, determined after the Issuer's monthly dvisor may, in its sole discretion, waive or rebate all or part of the eight of the sum of the Investment Profit (as defined in the Partner	relation to ship of the last") will reco 6th) of one allocations f the Manag Fee") at the	the affairs of the Issuer and the M eive between the percent (a two p have been mad gement Fee other end of each cal	e Issuer and the Naster Fund. In come a monthly assuercent (2%) per see, but prior to a wise due with re	Master Fund ensideration et-based fee annum rate) llocation of spect to any

ATTENTION
Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)